



Alternative, Oral, Poster, And Symposia Abstracts For QHR, 2019 (Vancouver, Canada -- ABSTRACT ONLY)

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Abstract

People with addiction disorders who receive medication-assisted treatment (MAT) face stigmatization for both their addiction and their treatment method. Many people, even healthcare providers, view MAT as replacing one drug with another, and long-term use of these prescribed substances is often viewed as a moral failing. For pregnant women on MAT, the stigma and shame increase exponentially. This study examines the intersectional stigma attached to perinatal substance use generally and maternal opioid use specifically. Using data from a 6-year grounded theory study on perinatal substance use service provision, the article describes the ways that service providers both perceive and enact stigmas of addiction and harm reduction when good mothering ideals are violated. Study sources included observational and interview data from providers across healthcare and social services as well as publically available documents that detailed responses to perinatal substance use. Situational analyses, conducted to develop the grounded theory model, identified intersectional stigma as a critical contextual construct. Additional analyses, conducted for the findings reported here, included a reimmersion into a subset of the data to identify and deconstruct stigma processes. Examples of social stigma, in the form of interactional discrimination, and of self-stigma are presented to argue for the importance of making visible the role of good mothering ideals in stigma associated with maternal opioid use. Functions and processes of intersectional stigma within the context of service provision are examined to illuminate the complexities of the effect of stigma on patient-provider interactions and the implementation of best practices.

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Intersectional Stigma and Perinatal Substance Use Services: Recognizing the Power of the Good Mother Ideal

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People with addiction disorders who receive medication-assisted treatment (MAT) face stigmatization for both their addiction and their treatment method. Many people, even healthcare providers, view MAT as replacing one drug with another, and long-term use of these prescribed substances is often viewed as a moral failing. For pregnant women on MAT, the stigma and shame increase exponentially. This study examines the intersectional stigma attached to perinatal substance use generally and maternal opioid use specifically. Using data from a 6-year grounded theory study on perinatal substance use service provision, the article describes the ways that service providers both perceive and enact stigmas of addiction and harm reduction when good mothering ideals are violated. Study sources included observational and interview data from providers across healthcare and social services as well as publically available documents that detailed responses to perinatal substance use. Situational analyses, conducted to develop the grounded theory model, identified intersectional stigma as a critical contextual construct. Additional analyses, conducted for the findings reported here, included a reimmersion into a subset of the data to identify and deconstruct stigma processes. Examples of social stigma, in the form of interactional discrimination, and of self-stigma are presented to argue for the importance of making visible the role of good mothering ideals in stigma associated with maternal opioid use. Functions and processes of intersectional stigma within the context of service provision are examined to illuminate the complexities of the effect of stigma on patient-provider interactions and the implementation of best practices.